

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09 924 116** FILING DATE **08-08-01**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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49												
50												
TOTAL IND.	2											
TOTAL DEP.	2073											
TOTAL CLAIMS	2075											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS